## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			
Senate Majority PAC		C C00484642	
Check if 24-hour report			
Full Name of Payee Blueprint Interactive		Date of Public Distribution/Dissemination	
·		03 / 15 / 2016	
Mailing Address 1155 Connecticut Ave NW		Amount	
Ste 601			
	Zip Code	65428.00	
3	20036-4306	Transaction ID: VN7GBA0YNZ8  Date of Disbursement or Obligation	
Purpose of Expenditure Online Advertising - Estimate	Category/ Type	M = M / D = D / Y = Y = Y = Y	
Name of Federal Candidate	Support Office	e Sought: House District:	
Kelly Ayotte	X Oppose	President State: NH	
Calendar Year-To-Date Per Election for Office Sought	707745.31 Disbu	ursement For: X Primary General	
Full Name of Payee		Date of Public Distribution/Dissemination	
SKDKnickerbocker		M = M / D = D / Y = Y = Y	
Mailing Address 1150 18th St NW		03 15 2016	
Ste 800		Amount	
	Zip Code	1427.63	
Washington DC	20036-3845	Transaction ID: VN7GBA0YP13 Date of Disbursement or Obligation	
Purpose of Expenditure Media Production Costs - Estimate	Category/ Type	Date of Disbursement or Obligation	
Name of Federal Candidate	Support Office	e Sought: House District:	
Kelly Ayotte	X Oppose	President State: NH	
Calendar Year-To-Date Per Election for Office Sought	707745.31 Disbu	ursement For: Primary General	
		Other (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	66855.63	
(b) SUBTOTAL of Unitemized Independent Expenditures	······		
(c) TOTAL Independent Expenditures	······································		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Rebecca Lambe [Electronic	ally Filed] Date	)3 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
Senate Majority PAC			
		C C00484642	
Check if 24-hour report X 48-hour report New rep	ort Amends report filed	d on M M / D D / Y Y Y Y Y	
Full Name of Payee		Date of Public Distribution/Dissemination	
Waterfront Strategies		M M / D D / Y Y Y Y	
Mailing Address 3050 K St NW		03 15 2016	
Ste 100		Amount	
City State	Zip Code	401556.00	
Washington DC	20007-5108	Transaction ID : VN7GBA0YP06	
Purpose of Expenditure		Date of Disbursement or Obligation	
Media Buy	Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate	Support Office	e Sought: House District:	
Kelly Ayotte	X Oppose	President X Senate State: NH	
Calendar Year-To-Date	Disb	oursement For: X Primary General	
Per Election for Office Sought	707745.31 2016		
Full Name of Payee		Date of Public Distribution/Dissemination	
		M M / D D / Y Y Y Y	
Mailing Address		Amount	
		Amount	
City State	Zip Code		
		Date of Disbursement or Obligation	
Purpose of Expenditure	Category/	M M / D D / Y Y Y Y	
	Type		
Name of Federal Candidate	Support Office	ce Sought: House District:	
	Oppose	President Senate State:	
Colondor Vegra To Data		pursement For: Primary General	
Calendar Year-To-Date Per Election for Office Sought	Disc		
		Other (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	401556.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	·····		
(c) TOTAL Independent Expenditures	·····	468411.63	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Dahasaa Lamba			
	cically Filed] Date	03 17 2016	
Signature			